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Bib Data Sheet

CONFIRMATION NO. 4258

<b>SERIAL NUMBER</b> 09/480,389	<b>FILING OR 371(c) DATE</b> 01/11/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> CATX-N	
<b>APPLICANTS</b> Bruce M. Boman, Gladwyne, PA; <i>MB</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/116,247 01/14/1999					
<b>** FOREIGN APPLICATIONS *****</b> <i>None MB</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/23/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>MB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> <i>18</i>	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 24988					
<b>TITLE</b> IMMUNOASSAYS TO DETECT DISEASES OR DISEASE SUSCEPTIBILITY TRAITS					
<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		